

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

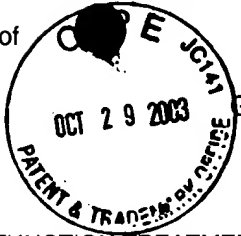
Atty Dkt. 2333-72
C# M#

FORSELL

Serial No. 09/893,510

Filed: June 29, 2001

Title: INTESTINE DYSFUNCTION TREATMENT APPARATUS



Group Art Unit: 3738

Examiner: Gilpin, C.

Date: October 29, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☒ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	218	minus highest number			
previously paid for	99	(at least 20) =	118	x	\$ 18.00
					\$ 2,124.00
Independent claims after amendment	7	minus highest number			
previously paid for	4	(at least 3) =	3	x	\$ 86.00
					\$ 258.00
If proper multiple dependent claims now added for first time, add \$		(ignore improper)			\$ 0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$		/1 month; /2 months; \$420.00/3 months)			\$ 420.00
Terminal disclaimer enclosed, add \$					\$ 0.00
<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$)			\$ 0.00
<input type="checkbox"/> Please enter the previously unentered		, filed			c9
<input type="checkbox"/> Submission attached					
					Subtotal \$ 2,802.00
If "small entity," then enter half (1/2) of subtotal and subtract					-\$ 1,401.00
<input checked="" type="checkbox"/> Applicant claims "small entity" status.		<input type="checkbox"/> Statement filed herewith			
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)					\$ 180.00
Assignment Recording Fee (\$)			\$ 0.00
Other:					1,581.00

TOTAL FEE ENCLOSED \$

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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By Atty: Robert A. Molan, Reg. No. 29,834Signature: Robert A. Molan

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